Utah State Division of Substance Abuse and Mental Health

Mental Health Annual Report
FY2002 Executive Summary

System Overview

The Utah Division of Substance Abuse and Mental Health is the single state authority for Utah and is charged with mental health oversight and administration. As part of the Department of Human Services, the Division is the policy direction of the State Board of Substance Abuse and Mental Health, which is appointed by the governor.

The Division of Substance Abuse and Mental Health provides oversight and policy direction to the local mental health authorities, which are charged with the responsibility to provide mental health services to Utahns. Most counties have joined with one or more other counties to become a local authority to provide mental health services for their residents. So, of the 29 counties in Utah, there are 12 local authorities for mental health. Local authorities not only receive state and federal funds to provide comprehensive mental health services, they are also required by law to provide a 20 percent match of state funds received.

Local authorities submit data to the State, on the clients who receive mental health services in their areas. This data provides the State with much needed information on client satisfaction, symptom reduction and service delivery.

Prevalence: How common are mental illnesses?

- One out of five Americans is affected annually by diagnosable mental disorders.
- 5.4% of adults nationwide have Serious Mental Illness (SPMI) or mental disorders that interfere with social functioning.
- 2.6% of adults nationwide have Severe and Persistent Mental Illness (SPMI) with diagnoses of schizophrenia, bipolar disorder, other severe depression, panic disorder or obsessive-compulsive disorder.
- Five to 9% of American children and adolescents ages 9 to 17 have Serious Emotional Disturbance (SED) with severe functional limitations.

Mental illness is a brain disease

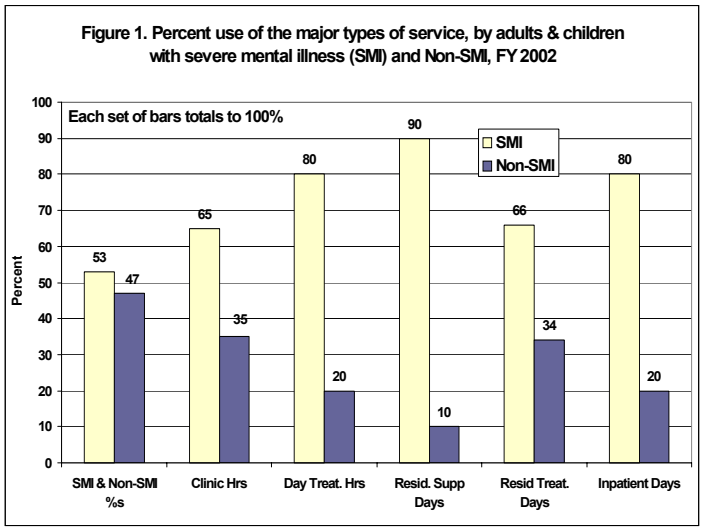
- Mental disorders are characterized by abnormalities in thought, emotion, or behavior.
- The brain mediates the influence of biological, psychological, and social factors on human thought, behavior, and emotion in health and in illness.
- Everyday language tends to encourage a misperception that 'mental health' is unrelated to 'physical health.' In fact, the two are *inseparable*.
- Manifestations of mental disorders vary with age, gender, race and culture.

Statistics on Mental Health (U.S. Surgeon General Report 1999)

- Mental illnesses, including suicide, account for 15.4% of the burden of disease in established market economies. Major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder, panic disorder, and post-traumatic stress disorder are among the leading causes of disability worldwide.
- Only cardiovascular conditions create a higher burden of disease (18.6%). The impact of mental illness is higher than all cancers (15.0%), all respiratory conditions (4.8%), and other conditions and diseases analyzed and reported by the World Health Organization.
- Mental health clients have a greater risk of dying, as well as dying at younger ages, than the general population.
- *Average death ages* for public mental health clients in Utah was 58 years in 1999.
- *Average years of life lost* per mental health client in Utah was 27 years in 1999.

Description of services

- 12 community mental health centers (CMHCs) provided comprehensive public mental health services in all 29 Utah counties.
- 44,244 persons received one or more services.
- Target populations are severely and persistently mentally ill (SPMI) adults and seriously emotionally disturbed (SED) children under 18.
- 23,449 persons served were rated either SPMI or SED. These are persons with severe mental illness (SMI).
- The 53 percent that were SMI appropriately received the highest proportions of major services: inpatient (80%), residential treatment (66%), residential support (90%), day treatment (80%), and clinic (65%).
- Average length of stay per year was 6.5 months for residential support, 7.5 weeks for residential treatment and 13.2 days for inpatient.



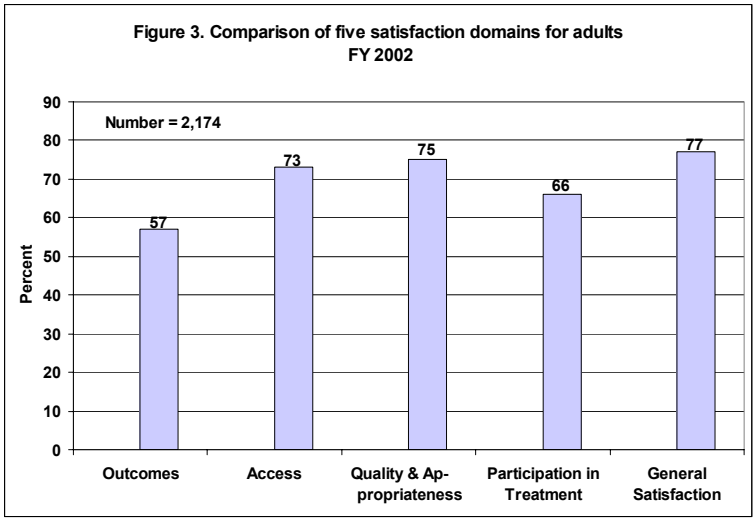
Clinic includes services such as individual, family, group, evaluation and testing, medication management, crisis, and case management. Both residential support and residential treatment provide supervised 24-hour (overnight) care. However, residential support emphasizes assistance in meeting daily needs, while the latter primarily includes treatment designed to assist the client in avoiding hospitalization or transitioning back from hospitalization. Inpatient is 24-hour care in a licensed community hospital.

Client characteristics

- 69% were adults 18 and older.
- 55% of *adult* clients were *female*, while 58% of *child/youth* clients were *male*.
- Most frequent diagnoses for adult clients were major depression, schizophrenia, bipolar disorder, and anxiety.
- Most frequent diagnoses for child/youth clients were attention deficit disorder, adjustment disorder and abuse-related disorders.
- At the State Hospital, over half of the adult patients had a diagnosis of schizophrenia, followed in decreasing order by major depression, bipolar disorder and substance abuse.
- At the State Hospital, more frequent diagnoses for children/youth were bipolar, major depression and schizophrenia.
- By FY 2002, over half of the clients at CMHCs and all patients at the State Hospital were reported as having severe and persistent mental illness (SPMI) or serious emotional distrubance (SED).

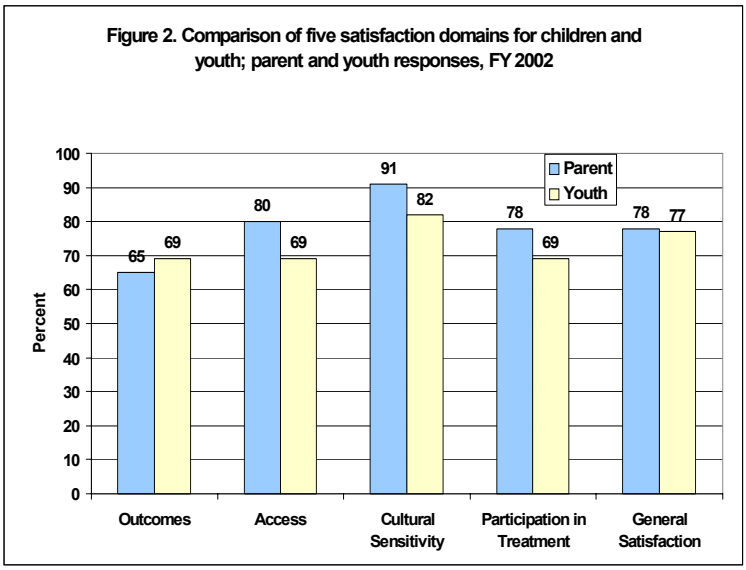
Adult satisfaction with outcomes and services

- 57% perceived their outcomes of treatment to be positive. *Perceived* outcomes included questions on improvement in symptoms, functioning, housing, employment, and family and social interaction.
- About three-fourths of the adult clients had positive perceptions about access to treatment, quality and appropriateness, and general satisfaction.
- 66% of the clients were satisfied with their participation in treatment decisions.
- The majority of a*dult clients from all of the 10 CMHCs experienced statistically significant improvement in symptoms of psychological distress.*
- For all CMHCs over four-fifths of consumers rated the domains of a*ccess*, *quality-appropriateness*, and *gneral satisfaction* positively.
- Parents rated services and outcomes for children of all ages and youth 12 to 17 years of age also did self-ratings.
- On individual outcome questions, youth differed most from parents (were higher) in their perceptions that they got along better with friends and other people and their ability to cope.
- High percent parent satisfaction with participation on individual items included: choosing services, treatment goals, and frequent involvement in treatment.



Parent and youth satisfaction with outcomes and services

- (65%) of the parents perceived that their child had positive outcomes from treatment.
- Parents were even more satisfied with access to treatment (80%), cultural sensitivity (91%), participation in treatment (78%), and general satisfaction (78%), which includes quality and appropriateness of treatment.



Dollars and sense

- Average expenditure per person was $2,985 in FY 2002.
- At the State Hospital, average expenditures per person were $55,056.
- *The impact of budget cuts may be calculated from total cost and average expenditure per person. For example, a budget cut of one percent (1.0%) would translate to 442 fewer persons served.*
- In 1990 (latest year for which data are available), *direct* costs for mental disorders in the U.S. totaled to $69 billion (U.S. Surgeon General Report, 1999).
- *Indirect* costs of mental illness in the U.S. totaled to $79 billion in 1990. Most of that amount was due to loss of productivity due to illness ($63 billion), $12 billion to early death, and $4 billion to incarceration and time of individuals providing family care.
- For schizophrenia alone, total indirect costs in the U.S. were almost $15 billion.

Emerging Trends

- More than ever before the field of mental health is adopting evidenced-based practices to guide program and clinical decisions. Examples include evidence-based practices pertaining to the treatment of persons having serious diagnoses, the use of Assertive Community Treatment, and use of atypical new generation medications for the severely mentally ill.
- While much more effective and having fewer side effects, these atypical new generation medications are costly. Still, there is an overall cost savings and greater efficacy in treating the severely mentally ill.

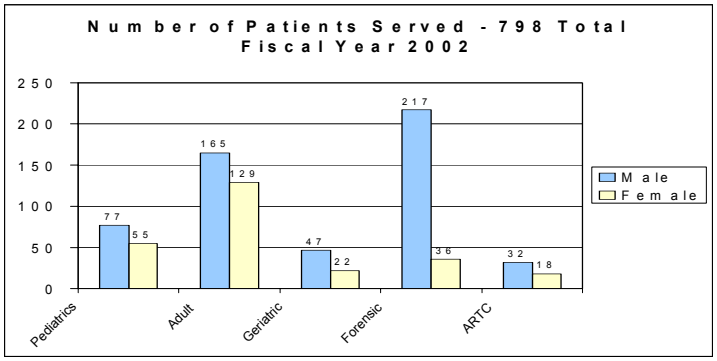
Utah State Hospital

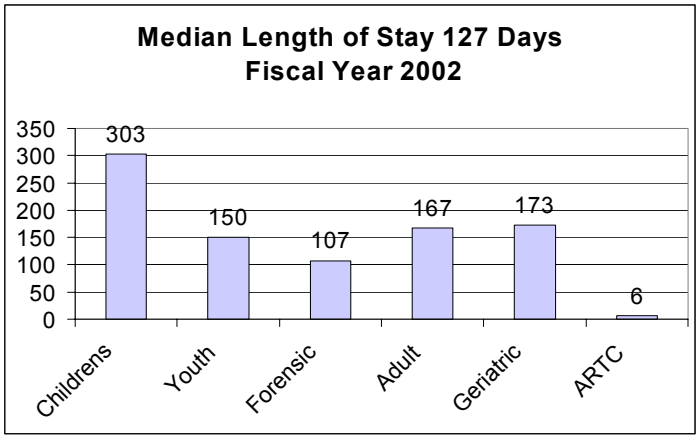
The Utah State Hospital (USH) is a 24-hour inpatient psychiatric facility located on East Center Street in Provo, Utah. The hospital serves people who experience severe and persistent mental illness (SPMI). The hospital provides active psychiatric treatment services for 328 patients. The USH serves all age groups and covers all geographic areas of the state. The USH works with 10 mental health centers as part of their continuum of care. All adult and pediatric beds are allocated to the mental health centers based on population.

The Utah State Hospital is Joing Commission accredited and HCFA certified. There are 21 buildings with approximately 444,000 square feet of space. The hospital campus covers over 300 acres of property.

Major Client Groups at the Utah State Hospital

- Adult patients over 18 who have severe mental disorders (civil commitment)
- Children and youth (ages 6-18) who require intensive inpatient treatment
- Persons adjudicated and found guilty and mentally ill
- Persons adjudicated and found not guilty by reason of insanity
- Persons found incompetent to proceed
- Persons who require a competency, Guilty and Mentally Ill, Diminished capacity evaluations
- Persons in the custody of the Utah Department of Corrections with mental disorders





Programs

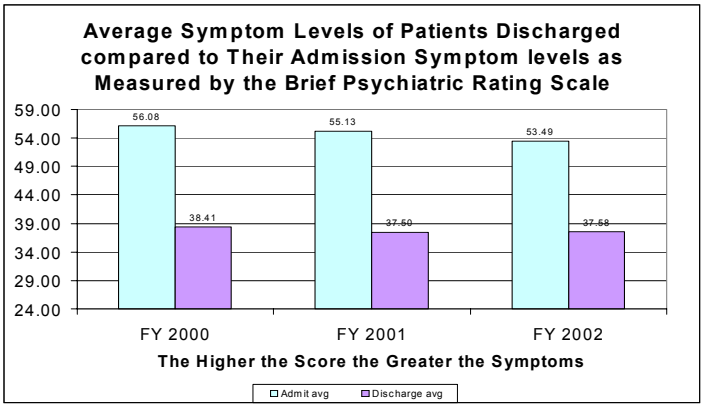
- Childrens Unit (Ages 6-12) 22 beds
- Adolescent Unit (Ages 13-17) 50 beds
- Adult Services (Ages 18 and above) 152 beds
- Adult Recovery Treatment Center (Ages 18 +) 5 beds
- Geriatrics (Ages 60 and above) 30 beds
- Forensic Unit (Ages 18 and above) 74 beds

Types of Disorders

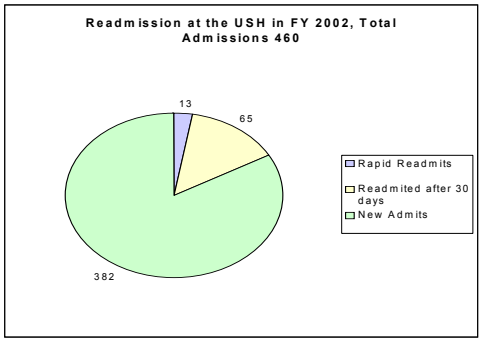
- PSYCHOTIC DISORDERS (schizophrenia, delusional disorder) - 56%
- MOOD DISORDERS (major depression, bipolar disorder, dysthymia) - 23%
- CHILDHOOD DISORDERS (autism, attention deficit disorder, conduct disorder, separation anxiety, attach ment disorder) - 7%
- ORGANIC DISORDERS (dementia, alzheimer's disease, organic brain syndrome) - 5%
- OTHER - 8%
- PERSONALITY DISORDERS (borderline, antisocial, paranoid, narcissistic) - treated at the hospital, sometimes a secondary diagnosis - 1%

Services Provided

Psychiatry Services, 24 hour nursing, Psychological Services, Social Work Services, Occupational Therapy, Vocational Rehabilitation, Physical Therapy, Recreation Therapy, Substance Abuse/Mental Health Program (Sunrise), Dietetic Services, Medical/Ancillary Services, Adult Education, Oak Springs School (Provo School District). The Utah State Hospital is also actively involved in research programs to improve patient care, approved through the Department of Human Services Institutional Review Board.



The Brief Psychiatric Rating Scale (BPRS) is a clinical measurement of patient symptoms. Decreased score shows improvement. Theses scores demonstrate significant improvement from admission to discharge.



Out of 460 admissions in 2002, only 13 were readmitted to the hospital within 30 days. 65 had been admitted to the state hospital previously and 382 were new clients to the hospital.

The Adult Recovery Treatment Center (ARTC)

The Adult Recovery Treatment Center provides the contracted inpatient services for four rural mental health centers. These centers lost their contract with IHC and the state hospital has filled the gap by providing inpatient beds. $570,000 is required to cover the costs of staff to provide this additional service and to support nursing services hospital wide. USH is requesting authorization to expend these dollars in FY 2003 and FY 2004 ongoing.

Budget Cuts - FY 02-FY 03

The Utah State Hospital's budget was cut by $3,058,200. This resulted in reduction of 30 geriatric beds and 26 forensic beds. Funding has not been authorized to restore the beds and operate them at the level identified by statute (212 beds).

Emerging Issues

- Lack of psychiatric inpatient beds in Utah is a growing problem. Facilities continue to close down beds which raises the issue of the state's role in providing primary care inpatient beds.
- Reintegration of patients/residents back into the community. The Olmstead decision is being applied to institutions in Utah.
- Pressure to increase forensic beds at the state hospital to serve the mentally ill with criminal charges. Utah needs to address the issue of the criminalization of the mentally ill.
- The nursing shortage is worsening in Utah. There are recruitment issues with professional staff, especially with RN's and psychiatrists.
- Treatment of dually diagnosed patients requires further developing. This includes mentally ill individuals who have substance abuse or mental health retardation issues.
- USH will open the Rampton II Building to house youth, adults, and geriatric services. Appropriate funding to staff the youth programs is critical.